

ACCOUNT NUMBER



Respond By: \_\_\_\_\_

Please attach copies of your income tax returns for the last two years.

NAME (FIRST AND INITIAL)	FACT	SOCIAL SECURITY NUMBER (SSN)	DATE OF BIRTH (DOB)	
PRESENT HOME ADDRESS (Number and Street or Rural Route)	.....	SPOUSE/DOMESTIC PARTNER SSN	SPOUSE/DOMESTIC PARTNER DOB	
CITY, TOWN, OR POST OFFICE	STATE	CHILD IDENTIFYING WITH VOTER	STUDENT IDENTIFICATE	
ZIP	HOME TELEPHONE ( )	DRIVERS LICENSE NUMBER (DL)	STATE	EXP. DATE
PRESENT EMPLOYER	EMPLOYER'S TELEPHONE ( )	SPOUSE/DOMESTIC PARTNER DL	STATE	EXP. DATE
EMPLOYER'S ADDRESS	LENGTH EMPLOYED	BANKS, SAVINGS & LOAN, and CREDIT UNIONS	Name	Address
OCCUPATION	EMPLOYER'S ADDRESS			Type of Accounts
CONJUGAL/REGISTRATION PARTNER'S PRESENT EMPLOYER	EMPLOYER'S TELEPHONE			
EMPLOYER'S ADDRESS	EMPLOYER'S ADDRESS			
OCCUPATION	EMPLOYER'S ADDRESS			

MONTHLY INCOME		MONTHLY EXPENSES	
Monthly Take Home Pay	\$	HOUSE / RENT PAYMENT	\$
Dates paid:		<input type="checkbox"/> Mortgage payment or <input type="checkbox"/> Landlord Telephone: (	
Spouse/Domestic Partner Monthly Take Home Pay	\$	Name:	
Dates paid:		Address:	
Dividends Received From	\$	City, state & zip:	
Interest Received From	\$	2 Food	\$
Pensions	\$	3 Transportation (Work related only - Do not include car payment)	\$
Social Security	\$	COURT ORDERED	\$
Alimony/Child Support Received	\$	<input type="checkbox"/> Child support <input type="checkbox"/> Alimony <input type="checkbox"/> Other (attachment)	
Other (please explain)	\$	Payable to:	
		Name:	
		Address:	
		City, state & zip:	
		4 Utilities	\$
		5 Childcare/babysitter, paid to:	\$
		6 Insurance expense, Car \$ _____ Life \$ _____ Home \$ _____	\$
		7 Union dues \$ _____ Union name/local no. _____	\$
		8 Total expenses (add lines 1 through 8)	\$
		9 Total of installments (from page 2, line 10)	\$
		10 Total monthly expenditures (add lines 9 & 10)	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>		

SCHEDULE OF INSTALLMENT AND ANY OTHER PAYMENTS CREDITOR(S) NAME AND ADDRESS	PAYROLL DEDUCT		TYPE OF DEBT: AUTO, PERSONAL LOAN, ETC.	ORIGINAL AMOUNT OF DEBT	DATE DEBT INCURRED	BALANCE DUE	DATE FINAL PAYMENT WILL BE DUE	AMOUNT OF MONTHLY PAYMENT
	YES	NO						
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8. Other – Please use separate sheet								
9. Other tax liabilities. Please list agencies, year(s) and amounts								
10. <b>SUBTOTAL</b> (Add lines 1 thru 9. Enter here and on page 1, line 10)								\$
VEHICLE INFORMATION (AUTO, TRAILERS, VESSELS, AIRCRAFT, ETC.)								
1.	Do you have current Sales Tax Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2.	Your proposed terms to satisfy this indebtedness:							
1.	REAL PROPERTY ADDRESS							
2.								
OTHER PARTNERSHIP(S) / CORPORATION(S)								
	NAME	ADDRESS			TELEPHONE			
1.								
2.								
3.								

The information stated is true and correct to the best of my knowledge. Signed \_\_\_\_\_